

CDC Human Subjects Adverse Event Report

(To Be Filled Out By Lead CDC Investigator)

An adverse event (AE) is defined as a physical injury to human research participants. Serious events (i.e., life threatening) should be reported to the IRB within 24 hours. Less serious injuries must be reported to the IRB within two weeks of their occurrence.

Please complete and sign this form. Submit to the Human Subjects Manager, Mark Long, at Mailstop D-50. Following review by the IRB, the IRB Chair will notify the Deputy ADS, who will notify OPRR in writing of the event and the corrective actions taken.

CDC Investigator: _____	Protocol Number: _____
Date of Event: _____	Participant's I.D. (if available): _____
Date First Known to You: _____	Name of Drug, Device or Procedure: _____
Describe in detail the nature of the AE and timing of the event (attach addendum if necessary): 	

The likelihood the event was caused by the study is:
 Probable Possible Unlikely Definitely unrelated

Impact on participant (Check all that apply): <input type="checkbox"/> Participant died <input type="checkbox"/> Required follow-up treatment <input type="checkbox"/> Resulted in prolonged hospitalization <input type="checkbox"/> Participant remains on study	<input type="checkbox"/> Resulted in disability <input type="checkbox"/> Required first aid <input type="checkbox"/> Attention beyond first aid
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Did investigator report this AE to? (Check all that apply)
 Co-investigator FDA Data Safety Monitoring Board

Describe corrective action taken by study investigator: (Check all that apply)

Stop enrollment of new participants

Halt the study

Change data management/ coding procedures

Form committee to review procedures

Other (Please Comment)

Does this event require revision to the (YES or NO):	_____ Protocol	_____ Consent Form
If yes, please submit amendment (CDC form 1252), revised protocol and consent form.		
Signature of lead CDC investigator: _____ Date: _____ —		
Printed name of lead CDC investigator: _____ Phone: _____ —		
Approvals (Signature and Position Title)	Date:	Remarks:
Branch Chief:		
Division Director:		
CIO HSC:		